

UNITED STATES DEPARTMENT OF THE INTERIOR  
National Park Service  
**Pu'uhonua o Honaunau National Historical Park**  
Special Use Permit

NAME	
ORGANIZATION	
ADDRESS	
TELEPHONE NUMBER NUMBER	FAX NUMBER

Park Alpha Code: \_\_\_\_\_

Type of Use: \_\_\_\_\_

Permit #: \_\_\_\_\_

\_\_\_\_\_ is hereby authorized to use the following described

land or facilities in the above named area:

The area must be restored to its original condition at the end of the permit.

The permit begins at \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

The permit expires at \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year).

SUMMARY OF PERMITTED ACTIVITY: (see attached sheets for additional information and conditions)

Person on site responsible for adherence to the terms and conditions of the permit (include contact information): \_\_\_\_\_

Authorizing legislation or other authority: \_\_\_\_\_

NEPA Compliance: CATEGORICALLY EXCLUDED \_\_\_ EA/FONSI \_\_\_ EIS \_\_\_ PEPC # \_\_\_\_\_ **OTHER** \_\_\_\_\_

APPLICATION FEE      Received \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

PERFORMANCE BOND:      Required \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

LIABILITY INSURANCE:      Required \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

COST RECOVERY:      Required \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

FACILITY USE FEE:      Required \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

LOCATION FEE:      Required \_\_\_ Not Required \_\_\_      Amount \$ \_\_\_\_\_

**ISSUANCE of this permit is subject to the attached conditions.** The undersigned hereby accepts this permit subject to the terms, covenants, obligations, and reservations, expressed or implied herein.

PERMITTEE	_____	
	Signature	Title
Date		

Authorizing NPS Official	_____		
	Signature	Superintendent	Date

Authorizing NPS Official (additional if required)	_____		
	Signature	Title	Date